

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047317

STATE FILE NUMBER

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 137

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 27 1963

1. PLACE OF DEATH

a. COUNTY **Carroll**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Carrollton**

Length of stay in 1b  
**2 days**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Carroll County Memorial Hospital**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY **Carroll**

c. CITY OR TOWN **Norborne**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**301 East 3rd**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
**David Edgar Murray**

4. DATE OF DEATH  
Month Day Year  
**Dec. 22, 1963**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**4-10-1879**

9. AGE (last birthday)

**84**

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Farmer & Carpenter**

10b. KIND OF BUSINESS OR INDUSTRY

**Farm**

11. BIRTHPLACE (City and state or country)

**Kingston, Mo.**

12. CITIZEN OF WHAT COUNTRY

**U S A**

13a. FATHER'S NAME

**Glenn Murray**

13b. MOTHER'S MAIDEN NAME

**Mary Bell**

14. NAME OF HUSBAND OR WIFE

**Mrs. Addie Murray**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, **No** (unknown)) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address  
**Mrs. Addie Murray Norborne, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Cerebro Vascular Accident**

INTERVAL BETWEEN ONSET AND DEATH

**3 Days**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1961** to **Present** and last saw her alive on **12-21-63**  
Death occurred at **6:15** P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deed or title)

**John E. Zimmerman MD**

22b. ADDRESS

**Carrollton, Mo.**

22c. DATE SIGNED

**12-23-63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**Dec. 24, 1963**

23c. NAME OF CEMETERY OR CREMATORY

**Zimmerman Cemetery**

23d. LOCATION (City, town, or county)

**Polo, Missouri**

(State)

24. FUNERAL DIRECTOR

**Gibson Funeral Home-Norborne, Mo.**

ADDRESS

25. DATE RECD. BY LOCAL REG.

**Dec 24-63**

26. REGISTRAR'S SIGNATURE

**Mary Dean**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.